

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/589600</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		2					55						
6		2					56						
7			1				57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16			1				66						
17				1			67						
18				1			68						
19				1			69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	8		18				TOTAL CLAIMS						